UNITED STATES OF AMERICA
BEFORE THE NATIONAL RELATIONS BOARD
REGION 19

VALLEY HOSPITAL ASSOCIATION, INC.[1]

Employer

and

Cases 19-RD-3419
19-RD-3420
19-RD-3421

KATHERINE D. CAMPBELL
GALE GLENN
CYNTHIA STEWART

Petitioners

and

INTERNATIONAL BROTHERHOOD OF
ELECTRICAL WORKERS, LOCAL 1547, AFL-CIO

Union

DECISIONS AND ORDERS

Upon petitions duly filed under Section 9(c) of the National Labor Relations Act, as amended, a consolidated hearing was held before a hearing officer of the National Labor Relations Board.

Pursuant to the provisions of Section 3(b) of the Act, the Board has delegated its authority in this proceeding to the undersigned.

Upon the entire record in this proceeding[2], the undersigned finds:

1. The hearing officer's rulings made at the hearing are free from prejudicial error and are hereby affirmed.

2. The Employer is engaged in commerce within the meaning of the Act and it will effectuate the purposes of the Act to assert jurisdiction herein.

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[1] The name of the Employer appears as corrected at hearing.

[2] The Employer's "motion to set aside original certification of bargaining unit" is hereby denied. Briefs have been received from the parties and duly considered.

3. The labor organization involved claims to represent certain employees of the Employer.

4. No questions affecting commerce exist concerning the representation of certain employees of the Employer within the meaning of Section 9(c)(1) and Section 2(6)(7) of the Act, for the following reasons:

The Employer is engaged in the operation of an acute care hospital in Alaska. There are two hospital facilities: Valley Hospital in Wasilla, and West Valley Medical Center in Palmer. In addition, the Employer maintains business and corporate accounting offices in the McKinley Building in Wasilla, and home health and hospice services and the human resources department in the Coho Building, across a parking lot from the McKinley Building. The Union was certified as the bargaining representative of a unit of all non-professional employees in prior Cases 19-RC-11813 and -11814 in 1988. The most recent contract covering that unit expired on August 31, 1999. There are currently about 250 employees in the unit. By their petitions, the individual Petitioners herein contend that registered respiratory therapists and certified respiratory therapy technicians (Case 19-RD-3419), information systems specialists (case 19-RD-3420), and corporate accounting employees (Case 19-RD-3421) are professional employees who are now entitled to a self-determination election to determine whether they wish to continue being represented in a broader unit including non-professional employees. These requests are premised on these persons not having been given their professional self-determination rights at the time of the original election in 1988.[3] The primary issue herein concerns the basic factual premise, whether the employees in question are professional employees as defined in the Act.

Respiratory care practitioners.

There are seven respiratory care practitioners (RTs, herein): Katherine Campbell, Glenn Gibson, William LaMar, Kari Peters, Cathy Snarr, Frankie Kish, and Shane Mortensen. They report to Ann Hook-Baker, an RN who is manager of the cardiopulmonary department and inpatient services director. Other employees in the cardiopulmonary department are EKG technicians, not at issue herein.

RTs administer various types of respiratory treatment and therapy. They also perform arterial blood gas testing and some cardiology functions, such as EKGs and stress tests. Two RTs perform echocardiography services. RTs administer inhalant drugs prescribed by a physician, and administer oxygen as ordered by a physician. Inhaled drugs are administered using a nebulizer, a tube held near the patient's lips to deliver aerosol medication. A mask may be used if necessary. Oxygen is administered using a tube with prongs inserted into the nose, or a mask and a ventilator. There are several different types of ventilators, which are machines which regulate the flow of oxygen, humidify it as required, or mix it with other gases. Arterial blood gas testing involves taking a sample of arterial blood, testing the sample, and reporting the results. Such testing is performed in a separate laboratory room dedicated to arterial blood gas testing and used only by the RTs.

RTs must make assessments of patients, as any particular treatment must be adapted to the individual patient. RTs continue to observe and assess patients while giving physician-ordered treatment, and if it appears that the treatment isn't working, the RT talks to the doctor about modifying the treatment. RTs are authorized to write accept orders from physicians for changes in therapy, reduce them to a formal writing in the file, and implement those orders.

[3] See *Group Health Association, Inc*., 317 NLRB 238 (1995). Indeed in prior Case 19-RD-3406, in July 1999, pursuant to a stipulated election agreement, the Employer's RNs, who had been included in the non-professional unit in 1988 solely by agreement of the parties, participated in a self-determination election and voted against continued inclusion in the unit, accordingly, they are now unrepresented.

An RT is summoned to the emergency room when a patient is arriving there. The RT's role is to support airway management, which may involve taking over bagging,[4] setting up equipment, and preparing the patient for intubation. Occasionally, an ER patient must be transported to Anchorage. On those occasions, if it is necessary that the patient be on a ventilator during transportation, an RT accompanies the patient in the ambulance. The hospital has a portable ventilator for this purpose.

Only RTs set up and manage ventilators. An in-house ventilator is a machine shaped like a large box about three by two by four feet with a number of lines and pipes coming out of it and eight or nine dials on the top. Through its various outlets it is connected to a drainage system, a humidity system, and to the oxygen outlet in the wall, as well as plugged into an electrical connection. The controls are set according to the physician's orders, and then the machine is connected to the patient's breathing tube, which is inserted by the physician. The manufacturer has specified the order in which the various tubes are to be connected to the machine and the procedure to follow to assure that the machine is functioning properly before it is connected to the patient. The RTs monitor the gauges on the ventilator to assure that it is actually working for the patient. The ventilator senses lung pressures. There are normal guidelines for those, related to the size of the patient. RTs monitor for pressure changes, effective delivery, whether the oxygenation level is adequate to meet acceptable pulse oximetry or blood gas levels and that a clear airway is maintained using the settings which have been prescribed. If the patient is having a problem, there is a checklist of things the RTs go through to determine the cause and correct it. If necessary, the RT will contact the physician for a change in orders to correct the problem. Physicians often follow recommendations of RTs in this regard, but are not required to. RTs clean and maintain a ventilator after every patient use.

Kish and Mortensen do echocardiograms. An echocardiogram is an ultrasound test of the heart in terms of blood flow and movement. The test is performed by smearing a gel over the body then moving a piece of equipment over the gelled area; the inside of the body can be seen on a screen and a printout can be made for a physician's review. A Holter monitor -- another RT function -- is a method of putting pads similar to those used for EKGs on a patient; the pads are connected to a recorder. The device is on the patient for 24-hours, and records continuously for that time. It is downloaded into a computer and then printed out for interpretation by others. An RT connects the patient to the device and makes sure the device is functioning properly; other personnel evaluate the results.

The Employer requires that RTs have completed a one-year accredited respiratory therapy program and have a certificate from the National Board of Respiratory Care (NBRC). Certification is obtained by passing an examination. The job applications in evidence show that of the incumbent RTs, Peters, LaMar, Gibson, and Campbell, have associate degrees from community colleges; Kish has an associate degree from Southern Illinois University; and Snarr and Mortensen completed vocational school courses. All of the RTs have the NBRC certification.

Information services specialists.

There are five information services specialists ("analysts," herein): Mark Pfister, Cynthia Stewart, Gerald Clark, Robin Waldrogle, and Valerie Maxwell. The information systems department reports to the vice president of finance, Wilson Patteson. Reporting to Patteson is chief information officer Art Collins, and under Collins is manager of information services Tom Knight. The department has overall

[4] "Bagging" refers to a plastic bag connected to a mask or angled hose that connects a breathing tube to an oxygen source. Room air and oxygen enter a bag which is manually compressed, and thus the patient's lungs can be inflated. There are prescribed rates for inflating different age groups.

responsibility for the Employer's computer and telephone systems, including repair, troubleshooting, installation, upgrading, and software.

Each of the five analysts has a separate job description. Mark Pfister is the LANS/microcomputer support technician. He performs LANS[5] management administration duties and installs and repairs computer hardware and software. The formal job description states that the position requires a bachelor's degree in computer science or electronics and three years' experience, but that "Experience may be interchanged on a year-for-year basis." At the time he was hired, Pfister had a BS degree in Personnel management, an AAS in electronic technology, and at least seven years' experience as a computer operator.

Cynthia Stewart is the clinical systems analyst. She provides technical computer support to clinical departments regarding the hospitals' computerized information systems and processing. Her duties include coordinating such projects as converting to new releases of hardware or software; evaluating the capacity of the computer system to determine the feasibility of expanding or enhancing computer operations; evaluating and testing vendor-supplied software to determine compatibility with existing systems, ease of use, and whether it meets the needs of the clinical departments; and activating software and hardware components of the computer system. The formal job description states that a bachelor's degree in computer science is required, although experience may be substituted for up to two years of the education requirement. At the time she was hired into the position, Stewart had a BA in sociology, an associate degree in medical laboratory technology, and certification as a laboratory assistant. She had work experience using word processing, spreadsheet, and statistical software.

Gerald Clark is the system installation specialist. He plans and coordinates computer installation projects. His duties include reviewing computer installation proposals to determine time frames, funding limitations, procedures for accomplishing the projects, staffing requirements, and allotment of relevant resources; reviewing status reports from vendor personnel and modifing schedules and plans as required; evaluating the work load and capacity of the computer system to determine the feasibility of expanding or enhancing computer operations; evaluating and testing vendor-supplied software to determine compatibility with the existing system, ease of use, and whether the software meets the needs of the end-users; and performing project management duties during system installations. The formal job description states that the position requires a bachelor's degree in computer science, although experience may be substituted for up to two years of education. Clark has a bachelor of science in computer information systems.

Robin Waldrogle[6] is the nursing informatics specialist. As such, she is the nursing analyst for the hospital medical information systems. She provides technical computer support to the clinical departments. Her duties include coordinating the development, implementation, education, and maintenance of nursing and other hospital information systems; analyzing the processes of data input and collection methods and making recommendations for improvement; developing reports and forms for the clinical departments; coordinating education for clinical and non-clinical areas on new releases of hardware or software; evaluating the work load and capacity of the computer system to determine the feasibility of expanding or enhancing computer operations. The formal job description states that the job requires graduation from an approved or accredited school of nursing and current licensure in the state of Alaska, along with demonstrated evidence of statistical, analytical, and computer education; a bachelor's

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[5] LANS is "local area network system."

[6] According to witness testimony, Waldrogle is currently "considered" to be excluded from the unit because she is a registered nurse. There is no additional relevant evidence in the record. The Union contends that she should be included in the unit. Inasmuch as Waldrogle's unit placement was not litigated at hearing, I shall make no findings thereon.

degree in computer science is preferred. Waldrogle has a nursing degree and 19 years' work experience as a nurse; at the time she was hired for the analyst job she was a student in computer science at the University of Alaska.

Valerie Maxwell[7] is the human resources/financial systems analyst. As such, she provides technical computer support; assists in the management and processing of data; and supports the standardization and integration of the hospital information and documentation systems. Her duties include coordinating the development, implementation, education, and maintenance of the hospital information systems; analyzing, developing, and maintaining computer applications, procedures and other systems for the human resources and financial departments; developing, compiling, and analyzing reports and forms for human resources, and making recommendations regarding changes to employee databases for compensation and benefits; coordinating education for the human resources/financial areas on new releases of hardware or software; and evaluating the workload and capacity of the computer system to determine the feasibility of expanding or enhancing computer operations. The formal job description states that the position requires an associate degree in computer science, healthcare accounting field or equivalent experience; an unspecified amount of statistical analytical, and computer education is required, and a bachelor degree in computer science is preferred. Maxwell has a high school education and had prior experience in data processing acquired while employed in dentists' offices.

The Employer uses an operating system called "Meditech," discussed in more detail below. The analysts received two weeks of training at the Meditech facility in Boston, Massachusetts, and have received unspecified further training from Meditech representatives at the hospital. In addition, at least some of them are engaged in home study computer courses. However, there is no specific evidence in the record with respect to any such computer courses or other education attained by the analysts other than that stated on the job application forms in evidence. Thomas Knight testified that all of the analysts at the time of hire had on-the-job training and experience equivalent to a bachelor's degree in computer science, but there is no specific evidence in the record supporting his conclusory testimony. Cynthia Stewart testified that she and Clark both have programming backgrounds, but there is no specific evidence in the record with respect to the scope of such backgrounds. Knight himself formerly occupied the position now occupied by Pfister. Knight has a bachelor of science in management information systems from the University of Alaska Anchorage.

The Employer's information system uses numerous software applications, and each analyst is assigned to certain applications. For example, Clark is responsible for applications named Resource Analyst, Order Entry, and Patient Care Technology; Maxwell is responsible for General Ledger/Accounts Payable/Fixed Assets and other financial applications; Stewart is responsible for Pyxis, Laboratory/Microbiology, Pharmacy and Infusion Therapy, and others; Waldrogle is responsible for Admissions/MR/Case Mix/Abstracting and others; and Pfister is responsible for hardware installation and upgrades. Many of the applications are part of Meditech, which has numerous separate "modules." Such modules currently in use by the Employer include case mix, community-wide scheduling, order entry, patient case inquiry, laboratory, microbiology, pharmacy, budget and forecasting, cost accounting, executive support system, billings, accounts receivable, home health, accounts payable, fixed assets, general ledgers, management, payroll personnel, radiology, and nursing. Each department has an applications specialist in the department who has been trained by one or another of the analysts and who assists other employees within the department.

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[7] According to witness testimony, Maxwell is currently "considered" to be excluded from the unit because she deals with "highly privileged information" in payroll and human resources. There is no additional relevant evidence in the record. The Union contends she should be included in the unit. No party at hearing contended that Maxwell is a confidential employee. Inasmuch as Maxwell's unit placement was not litigated at hearing, I shall make no findings thereon.

Meditech modules are generic. Each module requires a database called a dictionary which makes the module specific to the Employer's facilities. The analysts develop and maintain the dictionaries, an activity which can require up to 60 percent of an analyst's time while a new module is being implemented. The analyst can and does add elements beyond the minimum Meditech requirements for operating the database. Such additions are made after detailed discussions with the user department and with full awareness as to any effect on other modules.

The record is over-burdened with minutiae regarding the activities of the analysts. A useful example is their role in the process of acquiring and implementing new software. Once the decision has been made to purchase new software, responsibility for that application is assigned to an analyst, who reviews the documentation provided by the software publisher. Next, a representative of the publisher visits the hospital and reviews with the analyst the installation steps and they compile a list of files which will need to be developed. The publisher's representative goes through a checklist to identify what things need to be accomplished to install that particular application. The analyst then spends a number of weeks gathering the various information that will be needed for the new application. An example of such information would be generating a list of every doctor who uses the hospital. For such a list to be functional, a protocol must be developed for entering the doctor into the system, such as last name first, identification number, and so on. The analyst works with the relevant department's applications specialist, explaining the options available and making recommendations to the department. The analyst is responsible for working with the departments to resolve all application issues. Thereafter, the analyst and perhaps a few other employees would travel to the software vendor for classes in using the application. Then the analyst trains the employees in the department in the use of the application. The analyst also tests the application to ensure that it functions correctly and is compatible with other applications on the system.

Petitioner Cynthia Stewart testified that she was given a long-term project by the Employer's CEO involving meeting the needs of physicians to receive transcription reports from radiology in a timely manner. The goal is a three-hour turn-around time from x-ray to delivery of the report. The project requires Stewart to, inter alia, examine the steps from the time the patient arrives in radiology, through the radiologist's examination of the x-ray and dictation of the report, the transcription of the report, sending the report to the radiologist for signature, and then delivering the report to the physician. The reports could be be faxed to the physicians using Meditech, but, to do that, first Stewart will have to verify the physicians' fax numbers, query each as to whether fax is an acceptable method of delivery, write a procedure for the radiology department to follow, explain to the departmental employees the rules and regulations covering faxing confidential documents, train them to fax using Meditech, and set up an auditing process. Stewart also testified that she created a program for labeling pharmaceuticals dispensed to patients, using an application called Report Writer. The program pulls data such as patient's name, doctor's name, and so on from various Meditech files and puts it together in one file for the label. Stewart testified that such activities are typical of the assignments given to analysts.

Corporate accounting.

The corporate accounting staff is responsible for the presentation of financial statements and data for internal and external reporting, including the income statement, balance sheet, statement of cash flows, general ledger, cost accounting, payroll, accounts payable, Federal income tax reporting, and state income tax reporting for both of the Employer's corporations (the hospitals and My Doctor's Pharmacy). In addition, the department keeps statistics.

The corporate accounting employees at issue herein are the general ledger accountant II, Valera Brickel; general ledger accountant I, Gale Glenn; payroll administrator/accounting clerk, Skye Matlock;

and accounts payable clerk, April Huppert. The corporate accounting department reports to John Abreu, who in turn reports to chief financial officer Wilson Patteson. The department is located in the McKinley Building. Matlock is located in Human Resources in the Coho Building, which is across the parking lot from McKinley.

Brickel prepares operating and financial statements. Financial statements are done on a monthly basis. The various modules of the Meditech computer system interface with each other and provide the raw data for the reports. For example, when a patient enters the hospital, certain information is entered into the admissions module. Later, information about the procedure performed is entered into the relevant clinical module, and charges are likewise entered into the appropriate module. The computer posts the charges into the accounts receivable module. Thus, accounts receivable and similarly accounts payable are posted on a daily basis through the computer system. Brickel does reconciliations of cash accounts and accounts receivable. The general process of such reconciliation is the comparison of records provided by the bank with internal records. In addition, some reconciliations are done on the basis of accrual accounting, that is where revenues are recognized on the basis of when the service is performed, rather than when payment is actually made. Such reconciliation is done using purchase orders and accounts receivable rather than bank statements. Brickel prepares the financial statements for the hospital; Glenn prepares such statements for the pharmacy.

Brickel is also responsible for keeping track of fixed assets as they are purchased, assigning lives to those assets, determining salvage value if any, and determining the method of depreciation to be used. There are established guidelines to follow in determining the depreciable lives of assets. The Employer uses the published American Hospital Guide for depreciable assets. Brickel enters the necessary information into the Meditech system, which will then depreciate the assets over their lives. Brickel also gathers information for the preparation of the Medicare cost report, a lengthy document filed annually. In addition, she creates budget reports for departmental managers, and posts miscellaneous cash receipts.

Glenn does cost accounting for the hospital, using a separate module in Meditech. The process is one of allocating costs to revenue-producing departments. Glenn worked with a representative of Meditech to set up the module to fit the hospital's departments. Glenn does a weekly cash position statement using Meditech and other account information. For payroll, she maintains the computer instructions for performing certain payroll functions, such as making deductions for benefits. She prepares quarterly payroll reports on federal withholding and state taxes. She also assists in compiling information for yearly reports. She does the accounts payable for the pharmacy.

Huppert does the accounts payable for the hospital. The process involves looking at invoices and preparing checks for payment. Huppert also does 1099 forms required for certain vendors. She does a monthly accrual report showing accounts payable for incurred expenses for which no invoice has yet been received. She maintains the vendor master file.

Matlock processes the payroll for all employees. Employees record their time by swiping a badge through a Chronos time clock, and the data is transferred to a Meditech module. Matlock also prepares reports for management. Matlock also does work for the Human Resources department.

The job description for general ledger accountant I (Glenn) requires a high school diploma with additional intermediate level accounting courses, and an associates' degree along with three years' experience in cost accounting is preferred. The job description for general ledger accountant II (Brickel) requires at least three years' prior experience in automated accounts payable and payroll processing. The job description for accounting clerk (Matlock and Huppert) requires three years' experience in automated accounts payable and payroll processing and working knowledge of personal computers, including word processing and spreadsheet applications. Brickel's employment application form states that she is a

vocational school graduate in computerized accounting. Glenn's application states she has an associate degree in accounting. Matlock's application states that she is a high school graduate and has had community college courses in typing and emergency medical technician. Huppert's applications shows that she is a high school graduate and has had additional secretarial training from the Alaska Job Corps Center.

The work of the accounting employees involves making certain kinds of decisions. For example, with respect to fixed assets, when a piece of equipment is repaired, one must decide whether that piece of equipment has become more complete or is the same as it was before it was repaired. Another example was an observation by Brickel that revenues for the Palmer hospital campus were low. She researched the matter and found that revenue was not being appropriately allocated to the Palmer campus. She reported the situation to Abreu and recommended changes. Glenn makes decisions regarding amounts of money to transfer from the pharmacy to the hospital.[8]

Analysis and conclusions.

Section 2(12) of the Act defines a "professional employee" as:

> (a) any employee engaged in work (i) predominantly intellectual and varied in character as opposed to routine mental, manual, mechanical, or physical work; (ii) involving the consistent exercise of discretion and judgment in its performance; (iii) of such a character that the output produced or the result accomplished cannot be standardized in relation to a given period of time; (iv) requiring knowledge of an advanced type in a field of science or learning customarily acquired by a prolonged course of specialized intellectual instruction and study in an institution of higher learning or a hospital, as distinguished from a general academic education or from apprenticeship or from training in the performance of routine mental, manual, or physical processes; or
> (b) any employee, who (i) has completed the course of specialized intellectual instruction and study described in clause (iv) of paragraph (a), and (ii) is performing related work under the supervision of a professional person to qualify himself to become a professional employee as defined in paragraph (a).

In *Western Electric Co.,* 126 NLRB 1346 (1960), the Board concluded that the Act defines a professional employee in terms of the work he or she performs, not in terms of individual qualifications. Further, although educational background is not controlling, the Board examines educational background "for the purpose of deciding whether the work of the group satisfies the 'knowledge of an advanced type' requirement of the Act. Id. at 1348-1349. If a group of employees consists primarily of individuals with professional degrees, the Board may presume that the work requires "knowledge of an advanced type." Id. at 1349. See also, *Avco Corp*., 313 NLRB 1357 (1994). The Board has declined to find professional status where the employees at issue did not meet all of the requirements of Section 2(12). For example, in *Express-News Corp.,* 223 NLRB 627 (1976), the Board found journalists not to be professionals, where the employer had no policy of hiring and employing only journalists who had a degree evidencing advanced educational training in journalism or communications, nor did the employer maintain any formal training or apprenticeship program which employees were required to complete prior to becoming journalists. Thus, even though the work of the journalists met the requirements of clauses (i), (ii), and (iii) of Section 2(12), it did not meet the requirement of clause (iv).

[8] The pharmacy has liabilities to the hospital from loans and charges for administrative services, but there is no established payment schedule.

Examples of hospital employees which the Board has found to be professionals can be found in *Kaiser Foundation Hospitals*, 228 NLRB 468 (1977). In that case, physical, speech, and occupational therapists were found to be professionals. The physical therapists had bachelor of arts degrees in physical therapy and were licensed by the State. Upon receipt of a doctor's order, they independently evaluated the patient, prepared a treatment plan, and carried out the plan. The one speech therapist employed had a bachelors' degree in communications disorders and had completed work for a masters' degree, and was licensed by the State. Patients were referred to her by doctors. She independently evaluated the patients, prepared a plan of speech therapy, and carried out the plan. The occupational therapists had bachelors' degrees in occupational therapy. They worked with physically disabled patients upon receipt of a doctor's order. They independently evaluated the patient, planned appropriate therapy, and carried out the therapy.

On the other hand, the Board has defined technical employees as employees who do not meet the strict requirements of the term "professional employees," whose work is of a technical nature, involving the use of independent judgment and requiring the exercise of specialized training usually acquired in colleges or technical schools, or through special courses. *Folger Coffee Co*., 250 NLRB 1 (1980); *Avco Corp.,* 173 NLRB 1199 (1969); *Fisher Controls Co.,* 192 NLRB 514 (1971). Among the types of hospital employees the Board has found to be technicals are licensed practical nurses, surgical technicians, radiology technicians, and laboratory technicians. See, for example, *William W. Backus Hospital,* 220 NLRB 414 (1975).

Respiratory care practitioners: The Board has typically found respiratory therapists to be technical employees. *William W. Backus Hospital*, supra; *Nathan and Miriam Barnett Memorial Hospital Association,* 217 NLRB 775 (1975); *Trinity Memorial Hospital of Cudahy*, 219 NLRB 215 (1975); *St. Elizabeth's Hospital of Boston*, 220 NLRB 325 (1975). In all of those cases, the respiratory therapists at issue had completed a one- or two-year course in respiratory therapy and passed a national examination.

The RTs herein have the equivalent education and certification. While it is recognized that medical equipment and treatment methods have changed over the past twenty-some years, and that modern day RTs will have different and perhaps more advanced skills than those considered by the Board in the mid-1970s, such changes and advances have not led to any significant change in the amount of education required. Nor do the RTs function in the hospital setting in a manner parallel to that of other professionals, as described above. That is, they do not independently evaluate patients, plan a course of therapy, and carry out the plan. Rather, they administer therapy in accordance with physicians' specific orders. I conclude, therefore, that the respiratory care practitioners herein are technical employees. I therefore reject Petitioner Campbell's contention that the RTs are professional employees entitled to vote whether they wish to be included in the over-all unit of non-professional employees.

Information services specialists (analysts): In *Aeronca, Inc.,* 221 NLRB 326 (1975), the Board found a senior systems analyst to be professional where he had some college and had taken all of the courses offered by IBM,[9] covering virtually every aspect of data processing systems and programming. He held a professional certificate in the Association for Systems Managers. In his work he exercised full discretion in the design of computer systems for the solution of complicated problems.

The record herein reveals that the analysts' work herein is primarily mental and varied, and that they exercise discretion and judgment in the performance of their work. However, the record fails to

[9] A witness in the instant hearing explained that until sometime in the mid-1970s, there were no college courses in computer systems. IBM, the pre-eminent computer purveyor in the world, offered classes for the employees of their customers. The witness attended such classes for about one week a month for a period of about two years.

establish that their work is substantially intellectual in character. They do not, for example, design computer systems, or draft specifications for computer systems. They perform their work within the framework of, for example, the Meditech system provided by an outside vendor. Further, the record does not establish that their work requires knowledge of an advanced type as described in Section 2(12) of the Act. At the time of hire, Clark had a bachelor's degree in computer information systems; Waldrogle had an unspecified amount of course work in computer science at the university level; Pfister had an associate degree in electronic technology and several years' experience as a computer operator; Stewart and Maxwell had no formal computer training. The record does not support any conclusion that during their employment they have had any prolonged course of training equivalent to that of the senior systems analyst in *Aeronca*. Knight's conclusory testimony that all of them had, at the time of hire, on-the-job training and experience equivalent to a bachelor's degree in computer science is, without more, insufficient to establish that they meet the requirement of Section 2(12)(iv) of the Act, and appears incorrect with regard to Waldrogle. The requirement in the formal job descriptions that they have a bachelor's degree in computer science appears to be more of a "wish list" than a real requirement, as only one of them has such a degree. The record as a whole suggests that they all perform similar work, and that as a group, that work does not require the type of advanced knowledge contemplated by the Act. I conclude, therefore, that they are not professional employees within the meaning of the Act. While as an RN, Waldrogle is clearly a professional employee, her professional status as an analyst is at issue here, and as an analyst, she is not a professional.[10] I therefore reject Petitioner Stewart's contention that the analysts are entitled to vote whether they wish to be included in a unit with non-professional employees.

Corporate accounting employees: In *Aeronca, Inc.,* supra, the Board found accountants who performed budget and audit functions, did cost accounting, and maintained the employer's books and ledgers to be professional employees where the accountants all had degrees in accounting. In *Willett Motor Coach Co.,* 227 NLRB 882 (1977), two accountants coded invoices using a chart of accounts, made journal entries, prepared a balance sheet and income statement, analyzed those documents for discrepancies with such statements for prior months, performed bank reconciliations and payroll account reconciliations, and prepared depreciation schedules. One such accountant had three years of college and the other had two years of college. The Board found these two accountants not to be professionals, finding that their work did not call for the use of specialized educational training on a regular basis and that neither of them regularly exercised independent judgment and discretion based upon prior education.

The accounting employees at issue herein are not required by the Employer to have college degrees, nor do any of them have such degrees. Rather, they have had varying amounts of community college and vocational school training. In these circumstances, it clearly cannot be said that their work meets the requirement of Section 2(12)(iv) of the Act, and I find them not to be professional employees within the meaning of the Act. I therefore reject Petitioner Glenn's contention that the corporate accounting employees are entitled to vote on whether they wish to be included in a unit of non-professional employees.

Having found that none of the questioned positions are startutorily professional, it is unnecessary for me to make any findings regarding the appropriate voting group in these cases, as no election is warranted herein -- none of the employees at issue is a statutory professional employee included in a unit of non-professionals without there having been a vote on such inclusion. Further, no petitioner herein seeks an election in the over-all unit. I shall, therefore, dismiss the petitions.[11]

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[10] To the extent that she is an RN professional, she would already be excluded from the Unit by the aforementioned recent RN vote.

[11] If my conclusions regarding professional status were reversed on review, it would be necessary to reopen the record to ascertain whether there are, or are not, other "never voted-on inclusion" professionals in the unit. Any election that were held would have to be among *all* so situated, as a single group.

ORDERS

IT IS HEREBY ORDERED that the petitions filed herein be, and they hereby are, dismissed.

RIGHT TO REQUEST REVIEW

Under the provisions of Section 102.67 of the Board's Rules and Regulations, a request for review of these Decisions may be filed with the National Labor Relations Board, addressed to the Executive Secretary, 1099 14th Street N.W., Washington, D.C. 20570. This request must be received by the Board in Washington by .October 29, 1999.

DATED at Seattle, Washington this 15th day of October 1999.

/s/ PAUL EGGERT

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National Labor Relations Board, Region 19
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